

Ethiodan as the opaque medium is slightly the most effective (42 per cent pregnant); tubal insufflation (37.5 per cent pregnant) and endometrial biopsy (39.8 per cent pregnant) run it close. Perhaps the most surprising finding is that endometrial biopsy done rather vigorously with a Sharman's curette, produces more pregnancies than when it is done more gently with a suction curette.

Moore-White and Pollock compare two series of cases, one with proven genital tubercle and the other where the history and physical signs were highly suggestive but the presence of tubercle was not definitely proved. They consider it is important to treat all such cases as soon as possible and that prognosis is likely to be improved thereby.

Russell considers that operations for the relief of persistent retroversion of the uterus have a place in the treatment of infertility and quotes a short series of cases in support of this.

CLARE HARVEY

MARGARET HADLEY JACKSON

## MARRIAGE

**Bovet, Theodor** with a foreword by **David R. Mace**. *A Handbook to Marriage and Marriage Guidance*. London, 1958. Longmans Green. Pp. xii + 152. Price 12s. 6d.

DR. THEODOR BOVET is a Swiss physician who has for some years specialized in marital questions, working in connection with the Protestant Churches. Under the title *Das Geheimnis Ist Gross* ("This is a great mystery") he published a successful book combining an enlightened religious approach with a brief medical survey of sex in marriage and of contraceptive methods. Some American publishers then got Professor David R. Mace to write a foreword, and published the book in the U.S.A. under the title *Love, Skill and Mystery*. One may wonder which of these words they expected to be most effective in selling the book. But this was only a beginning. Now, without the unfortunate author or Professor Mace knowing anything of the change of title, Messrs. Longmans, Green & Co. have joined the scramble to leap on the band-wagon by publishing the same

book here as *A Handbook to Marriage and Marriage Guidance*. It is nothing of the kind, and one can only sympathize with a sincere author who has been so misrepresented.

Dr. Bovet first considers sexuality, eros and agape. He goes on to survey masculine and feminine outlooks, regarding husband and wife as the head and the heart of the family. His concept of family life will strike British readers as Victorian, not least in his instruction that "Domestic servants should be treated as far as possible as members of the family. . . This will often play a real part in educating the servants too." If a wife does not praise and encourage her husband, he "will sooner or later find another woman who looks up to him as she should." It is not a good thing, he says, for the wife to be stronger, more passionate, cleverer, more highly educated and experienced or substantially older than he is, nor for her to have work outside the home.

Going on to consider sex relations in marriage, Dr. Bovet insists that while they are important as a means of expressing love as well as for procreation, yet marriage is a great deal more than a mere matter of sex. It involves the death of the self, and the merging of individuality. It is repeatedly implied that this is possible only through Christian belief.

In this and other statements, the author is altogether too sweeping. It simply is not true that "masturbation by married men . . . always leads to estrangement from their wives," or that "the hysterical woman's husband is almost always a bore." It is didactic to lay down that a doctor should always be consulted in choosing a contraceptive, that sterilization should never be resorted to by people under thirty and with less than three children, or that it is better to sleep on the bare floor and sit on old packing cases than to buy furniture on the instalment system. The two and a half pages that refer to marriage counselling are in several respects inapplicable to this country.

In spite of all this, sincerity shines through the book, which contains much perceptive insight. More than this, it has much to give of real inspiration to receptive readers who have the generosity to seek the author's deeper message and ignore his infelicities. To any

thinking Christian, this book cannot fail to enrich the mystery at the heart of marriage.

A. J. BRAYSHAW

## SOCIOLOGY

**Berle, Beatrice Bishop.** *80 Puerto Rican Families in New York City: Health and Disease Studied in Context.* New York, 1958. Columbia University Press. (London, Oxford University Press.) Pp. ix + 331. Price 38s.

IN 1953 an American woman doctor, together with a group of clinicians and anthropologists, opened a three-room office in a New York slum, where one-third of the people were Puerto Rican. The aim was to study for approximately three years, the influence of social factors on health. This volume gives Dr. Berle's findings on the medical aspects; the anthropologist's report was published some months later than this one, and should be worth careful study.\*

These well-written, human and sometimes ribald pages relate what happens when physicians leave the shining chromium-plate of the great hospital and see patients where they live. Dr. Berle—"La Doctora"—became well known on that Manhattan street; she knew Puerto Rico and spoke fluent Spanish, so she was able to establish real relationships with her eighty families, 62 per cent of whom had been born on the island. Her report is larded with subtle observations:

In New York, a man can no longer take pride in his biceps. He is expected to wield a pen or operate a complex machine if he is to be respected and "progress". Family relationships take on a different character in the new environment, and parents have difficulty instilling "respeto" in their children. (p. 205.)

The Puerto Rican population of New York had more than doubled between 1950 and 1955, and now amounts to well over half a million. Dr. Berle in the early fifties had observed that the groups of "medically indigent" patients who were applying for free care to city hospitals were, in certain areas, predominantly Puerto Rican. She saw the "mutual bewilderment of patient and doctor . . . who failed to communi-

cate"—the one feeling rejected and unrelieved, the other tending to regard the often-seen patient as a malingerer. Dr. Berle decided to bring clinical treatment to the migrants, where the overall family problems could be discovered and dealt with from a familiar centre.

Her findings support one of her central theses, which is that unsuccessful transition from a simple rural to a complex metropolitan area creates "stress"; and that this stress has direct bearing on illness. Her chapter on housing is particularly relevant to recent studies in England, and she gives dramatic documentation to the recognized fact that new bricks and plumbing do not necessarily solve family health problems. Unfortunately there is no index, but the eighty families are described in the Appendix.

Puerto Rican women are evidently the most fertile group in New York to-day. The Bureau of Applied Social Research is quoted on the birth-rate per thousand as follows:

White population	..	..	19.4
Total non-white population	..	..	22.4
Puerto Rican population	..	..	30.0

Puerto Rican women born on the island preferred tubal ligation to any other means of family limitation, whereas their New York born sisters or daughters used, or said they used, contraceptive devices. The latter had approximately one child less per family than the island-born women. There seemed to be no objections on religious grounds to the use of contraceptives, even among Catholics, except among a few who belonged to the Pentecostal church.

Little is said about miscegenation, because the sample consisted of Puerto Rican families, but the effects of colour prejudice are noted. Ambitious young men found themselves blocked in the choice of jobs or flats; and it was generally accepted that the girls with lighter skins would marry "better". There is no mention of Puerto Rican-White marriages, but there was at least one cross with an American-born Negro. Dr. Berle concludes that the physician should note the degree of whiteness in coloured patients, as the skin colour may be a source of "stress"—i.e. anxiety. In fact, chronic tension looms large in these eighty families; and Dr. Berle suggests a connection between this anxiety and the high

\* Padilla: *Up from Puerto Rico*, Columbia University Press, 1958.